

Application Data Sheet

Application Information

Application number::	Unassigned
Filing Date::	10/02/01
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	MICROFLUIDIC DEVICES AND METHODS OF USE
Attorney Docket Number::	020174-002510US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	33
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: China
Status:: Full Capacity
Given Name:: Hou-Pu
Middle Name::
Family Name:: Chou
Name Suffix::
City of Residence:: Sunnyvale
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 231 Acalanes Drive, #2
City of Mailing Address:: Sunnyvale
State or Province of mailing address:: CA
Country of mailing address::
Postal or Zip Code of mailing address:: 94086

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Anne
Middle Name:: Y.
Family Name:: Fu
Name Suffix::
City of Residence:: San Clemente
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 9 Calle Camaron
City of Mailing Address:: San Clemente
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 92673

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Stephen

Middle Name:: R.

Family Name:: Quake

Name Suffix::

City of Residence:: San Marino

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 744 Plymouth Road

City of Mailing Address:: San Marino

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 91108

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Nonprovisional of 60/237,937 10/03/00

Unassigned

Nonprovisional of

60/237,938

10/03/00

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::